

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043246

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

166

Primary Registration District No.

5603

Registrar's No.

26.

STATE FILE NUMBER

1. FILED NOV 27 1962

a. COUNTY

Johnson

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Knobnoster GABLER TWS

Length of stay in 1b

15 yrs

c. CITY

OR TOWN

Knobnoster

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

R.F.D.#1

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

R.F.D.#1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

Henry

Dixon

Mahin

4. DATE OF DEATH

Month

Day

Year

11

22

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

3-10-1914 48

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY

Automobile

11. BIRTHPLACE (City and state or country)

LaMonte Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lloyd Mahin

13b. MOTHER'S MAIDEN NAME

Vennie Dixon

14. NAME OF HUSBAND OR WIFE

Leanna Yost Mahin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never, unknown) (If yes, give year or dates of service)

Yes

W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

R.F.D.#1

Leanna Mahin Knobnoster Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic heart disease

3 yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ N:☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-31-59 to 11-22-62 and last saw him alive on 11-21-62. Death occurred at 6:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-24-62

23c. NAME OF CEMETERY OR CREMATORY

Wampler Cemetery

23d. LOCATION (City, town, or county)

Knobnoster Mo.

24. FUNERAL DIRECTOR

ADDRESS

Moore Funeral Home LaMonte Mo.

25. DATE RECD. BY LOCAL REG.

Nov 23-1962

26. REGISTRAR'S SIGNATURE

Gema L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 1962

DEC 11 1962

DEC 7 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Paul M. Mroy

Licensed Embalmer No.

3923

P. O. Address

Le Montreux

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.